

GENERAL NOTICE

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become covered under The City of Arlington Texas group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It may also become available to other members of your family who are covered under the Plan when they otherwise would lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, (Examples: status change from FT to PT, unpaid leave of absence (other than up to 12 weeks when on approved Family Medical leave), or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct.
- The parent-employee becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a bankruptcy proceeding under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The City of Arlington Texas, and that bankruptcy results in loss of coverage for any retired employee under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children also will become qualified beneficiaries if bankruptcy results in loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction in hours of employment, death of the employee, commencement of a bankruptcy proceeding with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For other qualifying events (divorce of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Arlington Texas, Attention: Workforce Services, 101 S. Mesquite – Suite 790, PO Box 90231, MS 63-0790, Arlington, TX 76004-3231. If the qualifying event is divorce you will need to provide a copy of the executed decree as documentation of the date of the divorce or legal separation.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each qualified beneficiary. Each qualified beneficiary has an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his or her spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months (36 months minus 8 months) after the date of the qualifying event. Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family might be entitled to receive an additional 11 months of COBRA continuation coverage, for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify the Plan Administrator of the second qualifying event within 60 days of a second qualifying event. Notice must be sent to: City of Arlington Texas, Attention: Workforce Services, 101 S. Mesquite – Suite 790, PO Box .90231, MS 63-0790, Arlington, TX 76004-3231. Please include a copy of your Social Security Determination letter.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension can become available to the spouse and dependent children receiving coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if this second event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event occurred. In all of these cases, you must notify the Plan Administrator of the second qualifying event within 60 days of this second qualifying event. Notice must be sent to: City of Arlington Texas, Attention: Workforce Services, 101 S. Mesquite – Suite 790, PO Box 90231, MS 63-0790, Arlington, TX 76004-3231. Please include a copy of the death certificate, Medicare card(s) or divorce/legal separation decree as applicable.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contacts identified in the next section of this notice. For more information about your rights, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa/. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in addresses of family members. You should also keep, for your records, a copy of any notices you send to the Plan Administrator.

Plan Contact Information - The Plan Administrator is City of Arlington Texas 817.459.6869. The Plan Administrator is responsible for administering COBRA continuation coverage. The City of Arlington, Texas has contracted with United Healthcare to administer COBRA continuation coverage. All COBRA elections are sent directly to United Healthcare. Questions regarding COBRA elections and payments may be directed to United Healthcare's Customer Service 1.866.747.0048.

Update October 20, 2012

Important Notice from the City of Arlington About Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Arlington and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Arlington has determined that the prescription drug coverage offered by the United Healthcare Medco Pharmacy Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because this coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you are an active employee or a dependent of an active employee eligible to join a Medicare drug plan and you enroll in a Medicare drug plan, your Medco Pharmacy Plan coverage will end. Active employees and/or their dependents eligible for Medicare are not required to enroll in another Medicare Part D pharmacy plan and may remain in the Medco Pharmacy Plan only if not enrolled in a Medicare part D plan. For those active employees who elect Part D coverage, the city's Medco Pharmacy Plan will end for the employee and all covered dependents. The City's Medco Pharmacy plan does provide creditable pharmacy coverage.

Retirees and/or their dependents eligible for Medicare AND age 65 are not required to enroll in the UnitedHealthcare Medicare Part D pharmacy plan. However, pharmacy coverage ends in the Medco Pharmacy Plan upon attainment of age 65. The City offers the UnitedHealthcare Medicare Part D plan as a post 65 pharmacy option. Pre-65 retirees and/or dependents not eligible for Medicare may enroll in the Medco Pharmacy Plan.

If you do decide to join a Medicare drug plan and drop your current Medco Pharmacy plan through the City of Arlington, be aware that you and your dependents will not be able to get this coverage back.

NOTE: See the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options available to Medicare eligible individuals that are eligible for Medicare Part D.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Arlington and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if

you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call United Healthcare at 1.866.844.4867 regarding your United Healthcare Medco Pharmacy Plan. NOTE: You'll get this notice each year. You will also get it before the next open enrollment period when you can join a Medicare drug plan and if this coverage through the City's Medco Pharmacy Plan changes. You may view this notice on the City's website located at www.arlingtontx.gov. (Refer to Retirees / City Benefits) You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- ☐ Visit www.medicare.gov
- ☐ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- ☐ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/20/2012
Name of Entity/Sender: City of Arlington
Contact--Position/Office: Workforce Services
Address: PO Box 90231
MS 63-0790
Arlington, TX
76004-3231
Phone Number: 817.459.6869

CHIPRA NOTICE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium**

assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA - Medicaid	FLORIDA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
ARIZONA - CHIP	GEORGIA – Medicaid
Website: http://www.azahcccs.gov/applicants/ Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA - Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.accessnebraska.ne.gov Phone: 1-800-383-4278
IOWA - Medicaid	NEVADA - Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS - Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Website: http://www.dhhs.nh.gov/oii/documents.hippahp.pdf Phone: 603-271-5218
KENTUCKY - Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA - Medicaid	NEW YORK – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov	Website: http://www.nyhealth.gov/health_care/

Phone: 1-866-695-2447	medicaid/ Phone: 1-800-541-2831
MAINE - Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY: 1-800-977-6741	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MINNESOTA – Medicaid	UTAH – Medicaid and CHIP
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 800-657-3629	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
MISSOURI - Medicaid	VERMONT – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-2005	Website: http://greenmountaincare.org/ Telephone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
OREGON – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.oregonhealthykids.gov http://hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Website: http://www.dhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
RHODE ISLAND - Medicaid	WISCONSIN – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING - Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/equalitycare Telephone: 307-777-7531
SOUTH DAKOTA – Medicaid	TEXAS - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

REQUIRED NOTICE: UnitedHealthcare Annual Rights and Resource Disclosure Notice

Visit www.myuhc.com/uhcrights to view the Annual Rights and Resource Disclosure Notice. This document will inform you about:

- Finding a network physician or hospital
- Obtaining routine, preventive and specialty care; urgent, ER and hospital care; after-hours, out-of-state/area and behavioral health care
- Notification requirements and medical services, financial incentives and evaluation of new technology
- Case and Disease Specific Management
- Benefit coverage, exclusions, restrictions, and costs of care; Pharmacy procedures and benefits
- Looking up claims/Obtaining an ID card
- How to voice a complaint or submit an appeal
- Quality improvement program results
- Your rights and responsibilities as a member
- Women's Health and Cancer Rights Act/Newborns' and Mothers' Health Protection Act
- Notice of Privacy Practices
- Language assistance services

The City's plan also includes behavioral health benefits for the following participants:

- Active/Retiree/COBRA participants enrolled in the Value, Core or Plus medical plans but choose plans with the City of Arlington
- Active employees eligible for the Value, Core or Plus medical plans but choose to waive this coverage through the City
- COBRA participants enrolled in EAP - Employee Assistance Program

Additional information about United Behavioral Health is available at: www.liveandworkwell.com/WellnessMatters. To request a paper copy, call the toll-free member phone number on your ID card.

Log into www.myuhc.com/uhcrights to view the Annual Rights & Resource Disclosure. If you do not have internet access, contact Workforce Services 817-459-6869 to request a paper copy be mailed to your home address.
10/20/12

Reviewed

Health Care Reform Required Notice

Effective January 1, 2011, under the Patient Protection and Affordable Care Act (the Affordable Care Act);, City of Arlington is required to provide the following notice and disclosure regarding primary care providers (PCP) and pediatricians as PCP for a child. Also included in the required notices below is information regarding OB/GYN providers, prior authorization and referral information.

Designation of a Primary Care Provider

The City of Arlington health plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the UnitedHealthCare network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthCare at the phone number included on your medical card or complete a provider search on www.myuhc.com.

For children, you may designate a pediatrician as the primary care provider.

Access to Obstetrical or Gynecological Care

You do not need prior authorization from United Healthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the UHC network who specializes in obstetrics or

gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participant health care professions who specializes in obstetrics or gynecology, contact United Healthcare at the phone number included on your medical card or complete a provider search on www.myuhc.com.

Effective January 1, 2011, under the Patient Protection and Affordable Care Act (the Affordable Care Act), the City of Arlington may not offer a medical plan that includes an individual lifetime maximum benefit. The City of Arlington health (Core/ Plus/ Value) plans do not include individual lifetime maximum benefits. However, we are required to provide you with the following Notice:

Lifetime Limit No Longer Applies and Enrollment Opportunity Notification

The lifetime limit on the dollar value of benefits under the City of Arlington medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. For more information contact Workforce Services to request re-enrollment.

Effective January 1, 2011, under the Patient Protection and Affordable Care Act (the Affordable Care Act), the City of Arlington will extend dependent coverage for employee/retiree dependents up until they are 26. The City's previous policy included dependents up until they are 25. Following is the required Notice regarding this change:

Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before the attainment of age 26 are eligible to enroll in a City of Arlington medical, dental and/or vision plan. Individuals may request enrollment for such children during the annual open enrollment period. Enrollment will be effective January 1st 2013. For more information contact Workforce Services 817.459.6869.

Find additional information about the Affordable Care Act at www.dol.gov/ebsa/healthreform/

OTHER REQUIRED NOTICES

Maternity Coverage

For maternity stays, in accordance with federal law, the plan does not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a cesarean delivery. However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a cesarean delivery).

Pre-existing Condition Limitation

Effective January 1, 2013, the City's medical plans no longer include a pre-existing condition exclusion for adults or children.

Women's Health and Cancer Rights

On October 21, 1998, Congress passed a bill called the *Women's Health and Cancer Rights Act*. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- interfere with a woman's rights under the plan to avoid these requirements, or
- offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law. However, the plan may apply deductibles and copays consistent with other coverage provided by the plan. If you have questions about the current plan coverage, please contact UnitedHealthCare by calling the phone number provided on your Medical ID Card.